

HEALTH & RECREATION COMMITTEE

City of Kaukauna
Council Chambers
Municipal Services Building
144 W. Second Street, Kaukauna



Monday, June 03, 2024 at 6:15 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Request from Sarah Wroblewski, Kaukauna Public Library for the allowance of animals at the Touch a Truck event on July 10, 2024 from 10 am-12 pm at Hydro Park.
 - [b.](#) Special Event Application to Fleet Feet Fox Valley for The Big Run 5K Fun Run on June 5, 2024 from 6:00-8:00pm.
 - [c.](#) Temporary Class B License to Kaukauna Athletic Club on September 21, 2024 for the Wisconsin Avenue Fall Block Party.
 - [d.](#) Temporary Class "B" License to Kaukauna Lions Club, Hydro Park, on June 5, 12, 19, 26, July 3, 10, 17, 24, 31, August 7, 8, & 15th, 2024 for "Live! from Hydro".
 - [e.](#) Solicitor Licenses.
 - [f.](#) Community Enrichment Update.
 - [g.](#) Adjourn to Closed Session Pursuant to State Statute 19.85(1)(e) for deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session - Electric City Music Fest.
 - [h.](#) Return to Open Session for possible action.
3. Adjourn.

NOTICES

Notice is hereby given that a majority of the City Council will be present at the meeting of the Health and Recreation Committee scheduled for Monday, June 3, 2024 at 6:15 P.M. to gather information about a subject over which they have decision making responsibility.

IF REQUESTED THREE (3) DAYS PRIOR TO THE MEETING, A SIGN LANGUAGE INTERPRETER WILL BE MADE AVAILABLE AT NO CHARGE.

MEETING ACCESS INFORMATION:

You can access this meeting by one of three methods: from your telephone, computer, or by an app. Instructions are below.

To access the meeting by telephone:

1. Dial 1-312-626-6799
2. When prompted, enter Meeting ID 234 605 4161 followed by #
3. When prompted, enter Password 54130 followed by #

To access the meeting by computer:

1. Go to <http://www.zoom.us>
2. Click the blue link in the upper right hand side that says Join a Meeting
3. Enter Meeting ID 234 605 4161
4. Enter Password 54130
5. Allow Zoom to access your microphone or camera if you wish to speak during the meeting

To access the meeting by smartphone or tablet:

1. Download the free Zoom app to your device
2. Click the blue button that says Join a Meeting
3. Enter Meeting ID 234 605 4161
4. Enter Password 54130
5. Allow the app to access your microphone or camera if you wish to speak during the meeting

Members of the public will be muted unless there is an agenda item that allows for public comment or if a motion is made to open the floor to public comment.



MEMO

To: Special Events Committee
From: Library Director
Date: May 20, 2024
Re: Animal Request

Recommended Action

Dear Special Events Committee,

I am requesting permission to include the Buchanan Badgers 4-H animals at our upcoming Touch a Truck event. This event will be held at Hydro Park on Wednesday, July 10th, from 10-12 PM. This event is designed to bring our community together and provide educational, entertaining, and family-friendly activities. One of the highlights we would like to include is an exhibition of 4-H animals. This would be an enjoyable experience for all attendees, and an educational opportunity to learn more about agriculture, animal husbandry, and the 4-H program. We will ensure all animals are kept in secure and clean enclosures that meet health and safety regulations. There will be trained members and adult supervision at all times.

Thank you for your consideration. I am happy to discuss any questions or concerns you may have. I look forward to making this event a memorable and enriching experience for all.

Sincerely,
Sarah Wroblewski
Youth Services Librarian
Kaukauna Public Library
(920)766-6340 ext. 6

UPDATED 04.01.2021

**SPECIAL EVENT APPLICATION FORM****EVENT APPLICATION MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE OF AN EVENT****SECTION 1 – APPLICANT INFORMATION**

Information about the person applying to have a special event or applying on behalf of an organization.

Name: Leah Schapiro

Date of Birth: *Event organizers must be at least 18 years old. 4/11/1975

Address: 3404 W College Avenue

Phone Number: 773.931.4336

Email Address: leah.schapiro@fleetfeetfoxv

SECTION 2 – ORGANIZATION INFORMATION

Information about the organization having the special event, if applicable.

Organization's Name: Fleet Feet Fox Valley

Organization's Address: 3404 W College Avenue

Organization's Phone Number: 920.830.7867

Organization's Email Address or Website: fleetfeetfoxvalley.com

Applicant's Relationship to Organization: Owner

SECTION 3 – EVENT INFORMATION

Name of Event: The Big Run 5K Fun Run

Event Location: Entrance to the Konkapot Trail

Event Date: *If a multi-day event, please list all days. 6/5/24

Event Start Time - End Time: 6:00PM

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130920.766.6300
www.cityofkaukauna.com

Security Contact Name and Phone Number: *The name and contact information of the individual who emergency responders may contact in case of an emergency during the event.

Leah Schapiro - 773.931.4336 - leah.schapiro@fleetfee

Total Anticipated Attendance for Event:

Additional Event Information (Purpose, Activity, Who Can Participate, whether this is a First-Time event, etc.):

max - 60 participants; fun run that follows an already approved route on the trail to sidewalks. We will use spray chalk to direct.

SECTION 4 – APPLICANT CHECKLIST

Applicant is responsible for contacting all necessary City departments and for obtaining all required reservations, permits, licenses, and variances. *Please note that some permits require Common Council or committee approval and may take up to two weeks to be considered and approved.

General Information:

1. Will food be prepared and/or served at the event? YES ☐ NO ☒
2. Will there be a band or amplified music/noise? YES ☐ NO ☒
3. Will there be portable restrooms? YES ☐ NO ☒
4. Do you have proper insurance for your event and have you provided it to the City?
*Insurance coverage is required for all events held in the City and a certificate of insurance must be provided to the City if your event involves more than 250 attendees.
YES ☒ NO ☐

Fire Department Information: (920) 766-6320

1. Will the event be held indoors? YES ☐ NO ☒
2. Will a tent or temporary structure be erected? 2 tents, YES ☒ NO ☐
3. Will there be a tent larger than 200 SF? 2 tear drop flags for visib. 10x10 YES ☐ NO ☒
4. Will fireworks/pyrotechnics be used during the event? YES ☐ NO ☒

Street and Parks Department: (920) 766-6337

- | | | |
|--|---|--|
| 1. Are you requiring street closure for the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 2. Are you providing your own barricades? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 3. Did you include a map of the event location/route?
<i>* Already approved from past years *</i> | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 4. For park events, have you reserved the park? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 5. Will there be rides at the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

Police Department: (920) 766-6333

- | | | |
|--|------------------------------|--|
| 1. Do you have a plan for medical emergencies? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 2. Is security needed for the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 3. Will the event need any parking restrictions? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

City Clerk's Office: (920) 766-6300

- | | | |
|--|------------------------------|--|
| 1. Will alcoholic beverages be served/sold? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| <i>↳ We'll send them over to Music in the Park!!</i> | | |

Section 5 – Insurance Requirements

Insurance coverage will be required for every special event held in the City. Event organizers must provide the City with a Certificate of Insurance if the event involves more than 250 people, you request a street closure, or you are bringing additional items/structures into the public premises. Proof of coverage MUST include naming the City of Kaukauna as an additional insured party. The amount and type of insurance coverage varies, although \$1 million - \$2 million is a typical level.

General Liability Coverage:

1. Commercial General Liability
 - a. \$1,000,000 general aggregate – per project
 - b. \$1,000,000 products – completed operations aggregate
 - c. \$1,000,000 personal injury and advertising injury
 - d. \$1,000,000 each occurrence limit
2. Claims made form of coverage is not acceptable.

3. Insurance must include:
 - a. Premises and Operations Liability
 - b. Contractual Liability including coverage for the joint negligence of the City of Kaukauna, its officers, Council members, agents, employees, authorized volunteers and the named insured
 - c. Personal Injury
 - d. Explosion, collapse, and underground coverage
 - e. Products/Completed Operations
 - f. The general aggregate must apply separately to this project/location
4. Additional Provisions
 - a. Additional Insured – On the General Liability coverage, Business Automobile coverage, Aircraft Liability and Liquor Liability.
 - b. Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
 - c. Certificates of Insurance – A copy of the Certificate of Insurance must be on file with the City of Kaukauna.
 - d. Notice – City of Kaukauna requires 30-day written notice of cancellation, non-renewal, or material changes in the insurance coverage.
 - e. Carriers – The insurance coverage required must be provided by an insurance carrier with the "best" rating of "A-VII" or better. All carriers shall be admitted carriers in the State of Wisconsin.

Section 5 – Indemnification and Disclaimer

By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event license. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulation and any other applicable laws, rules, and regulations. I confirm that I am authorized to apply for this Special Event License on behalf of the organization hold the event (if applicable) and that the information contained in this application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

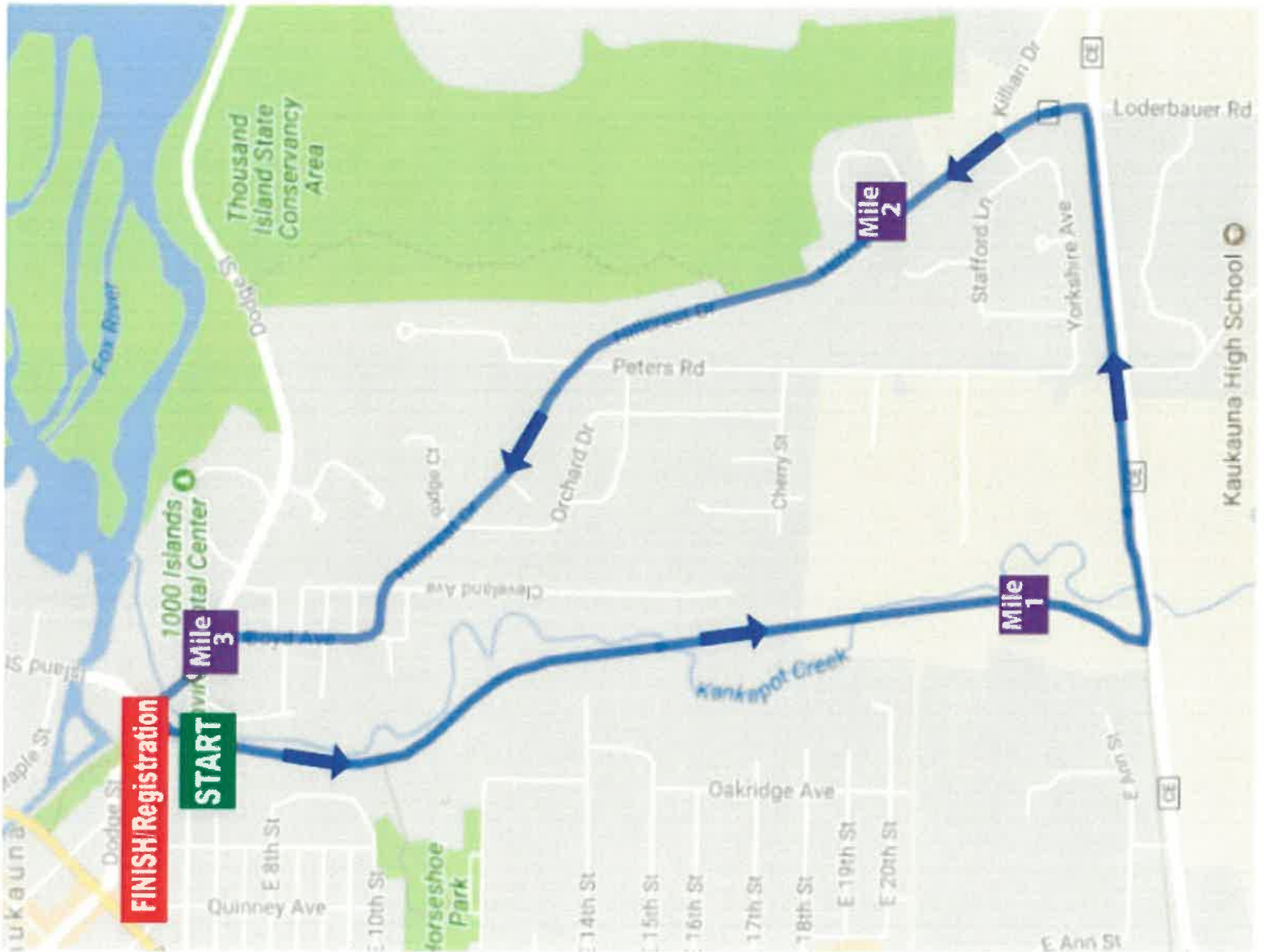
Indemnification: By signing below, I acknowledge that for good and valuable consideration, I, the applicant, on behalf of myself and the organization, if applicable, agree to indemnify, defend, and hold harmless the City of Kaukauna and its officers, officials, employees, and agents from and against any and all liability, loss, damage, expenses and costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

By signing below, I agree to follow any state and/or local guidelines in place to prevent the spread of COVID-19.

Signature of Applicant:



Printed name of Applicant: Leah K. Schapiro



**Application for Temporary Class "B" / "Class B" Retailer's License**

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00Application Date: 5/28/24☐ Town ☐ Village ☒ City of KaukaunaCounty of Outagamie

The named organization applies for: (check appropriate box(es).)

☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.☒ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.at the premises described below during a special event beginning 9/21/24 and ending 9/21/24 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.**1. Organization** (check appropriate box) →☒ Bona fide Club☐ Church☐ Lodge/Society☐ Veteran's Organization☐ Fair Association or Agricultural Society☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.(a) Name Kaukauna Athletic Club(b) Address P.O. Box 183 Kaukauna WI 54130

(Street)

☐ Town☐ Village☒ City(c) Date organized 1938

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

(f) Names and addresses of all officers:

President Mike Knott, 412 W 10th St. Kaukauna, WI 54130

Vice President _____

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: _____

Same**2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:**(a) Street number 100-200 Block of W. Wisconsin Ave, Beer Trailer

(b) Lot _____

Block _____

(c) Do premises occupy all or part of building? No

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event(a) List name of the event Wisconsin Ave. Fall Block Party(b) Dates of event Sept. 21, 2024**DECLARATION**

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer

Michael Knott
(Signature / Date)Kaukauna Athletic Club
(Name of Organization)

Date Filed with Clerk

May 28, 2024

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 100.00

Application Date: 5-28-2024

☐ Town ☐ Village ☒ City of Kaukauna

County of Outagamie

The named organization applies for: (check appropriate box(es).)

- ☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning multiple and ending multiple and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

- ☒ Bona fide Club ☐ Church ☐ Lodge/Society
☐ Veteran's Organization ☐ Fair Association or Agricultural Society
☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Kaukauna Lions

(b) Address PO Box Kaukauna, WI 54130
 (Street) ☐ Town ☐ Village ☒ City

(c) Date organized June 1936

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

(f) Names and addresses of all officers:

President Dale Antoine

Vice President Al Thiede

Secretary Pat Goff

Treasurer Dennis W. Hman

(g) Name and address of manager or person in charge of affair: John P. Moore
2381 Fairway Dr. Kaukauna, WI 54130

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number Hydro Park

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? No

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event Hydro Live

(b) Dates of event 6/5, 6/12, 6/19, 6/26, 7/3, 7/10, 7/17, 7/24, 7/31, 8/7, 8/8?

Rain dates 8/15

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer John P. Moore
 (Signature / Date)

Kaukauna Lions
 (Name of Organization)

Date Filed with Clerk 5/28/2024

Date Reported to Council or Board _____

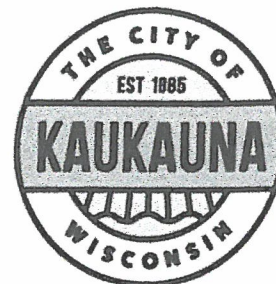
Date Granted by Council _____

License No. _____

June 4, 2024

THE FOLLOWING APPLICANTS HAVE APPLIED FOR A SOLICITOR'S LICENSE FOR THE LICENSE YEAR 2024 AND HAVE BEEN RECOMMENDED FOR APPROVAL BASED ON THEIR RECORD CHECK BY THE POLICE DEPARTMENT:

Brellenthin	Derek	J.	7516 N. 107 th St.	Milwaukee
Carreno	Cristian	A.	3028 N. Oakland Ave.	Milwaukee
Dusseau	Stephen	C.	19185 Rivendell Dr.	Brookfield
Ingrilli	Vincent	R.	2720 Arbor Dr.	Brookfield
Listrom	Alexander	T.	218 Ohio St.	Racine
Sexton	Brandon	W.	1141 Rainbow Ct.	Mukwonago
Shepherd	Wade	A.	12606 Cooper St.	Papillion, NE
Smith	Ethan	R.	3009 Bate St.	Racine



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00
Sellers Permit No. 24-5

Receipt No. CA 846 4816
Date Paid 5/17/24

Name of Applicant: <u>Derek Brullenthin</u>	
Address: <u>7516 N 107th St.</u>	
City, State, Zip: <u>Milwaukee, WI 53224</u>	County of Residence: <u>Milwaukee</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>* 4380 Schneider Dr. Oregon WI 53575</u> <u>* 925 Monroe Ct. Stoughton WI 53589</u> <u>* 1139 Cathedral Drive ^{point} Verona WI 53593</u>	
Date of Birth (Month/Day/Year): <u>07/13/2000</u>	Place of Birth: <u>Madison, WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>608-716-8127</u>
Driver's License Number: <u>B64517000 25302</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Residential Solar Panels, door to door sales</u>	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Residential areas of Kaukauna</u>	
Home Company Name: <u>Everlight Solar</u>	
Address: <u>1155 Clarity Street #203 Verona, WI 53593</u>	
Officer or Director of Company: <u>Wade Shepherd</u>	Principal Place of Business (State): <u>WI</u>

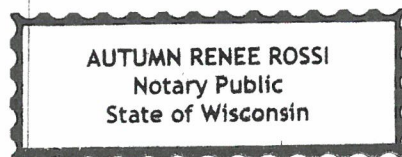
Reference	Name: <u>N/A Kimberly Nelson</u>
	Address: <u>N/A 500 School Rd. Cottage Grove, WI 53527</u>
	Telephone Number: <u>N/A (608) 516-4546</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. <u>Greenfield WI, Wauwatosa WI, Town of Lake Mills WI</u>	

Don P. Rossi

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

13th day of May, 2024

Autumn R. Rossi
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u><i>David Sawyer</i></u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00
Sellers Permit No. 24-6

Receipt No. CC 8464816
Date Paid 5/17/24

Name of Applicant: <u>Cristian Carrend</u>	
Address: <u>3028 N Oakland Ave</u>	
City, State, Zip: <u>Milwaukee WI 53211</u>	County of Residence: <u>Milwaukee</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>215 Kenosha St. Walworth WI 53184</u>	
Date of Birth (Month/Day/Year): <u>10/11/2003</u>	Place of Birth: <u>EIkhorn</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>608-716-8127</u>
Driver's License Number: <u>C650101033 7108</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Residential Solar Panels, door to door sales</u>	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Residential areas of Kaukauna</u>	
Home Company Name: <u>Everlight Solar</u>	
Address: <u>1155 Clarity Street #203 Verona, WI 53593</u>	
Officer or Director of Company: <u>Wade Shepherd</u>	Principal Place of Business (State): <u>WI</u>

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

920.766.6300
www.cityofkaukauna.com

Reference	Name: N/A Kimberly Nelson
	Address: N/A 500 School Rd. Cottage Grove, WI, 53527
	Telephone Number: N/A (608) 510-4540
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Greenfield WI, Wauwatosa WI, Town of Lake Mills WI	

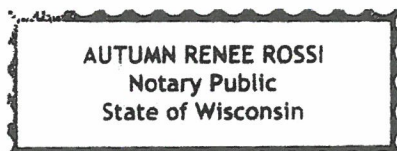
Autumn Cross

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.

Subscribed and sworn to before me this



13th day of May, 2024

Autumn Rossi
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <i>Autumn Rossi</i>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00
Sellers Permit No. 24-7

Receipt No. CC 8464816
Date Paid 5/17/24

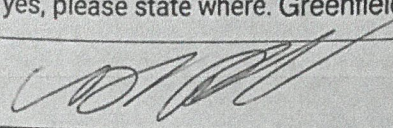
Name of Applicant: Stephen Caleb Dusseau	
Address: 19185 Rivendell Drive	
City, State, Zip: Brookfield, WI 53045	County of Residence: Waukesha
If less than two years at the above address, please list all addresses in the last two-year period: 3100 Engler Drive, Waukesha WI, 53189	
Date of Birth (Month/Day/Year):	Place of Birth: Little Rock, Arkansas
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: 608-716-8127
Driver's License Number: D200-7830-2169-04	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Residential Solar Panels, door to door sales	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: Residential areas of Kaukauna	
Home Company Name: Everlight Solar	
Address: 1155 Clarity Street #203 Verona, WI 53593	
Officer or Director of Company: Wade Shepherd	Principal Place of Business (State): WI

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

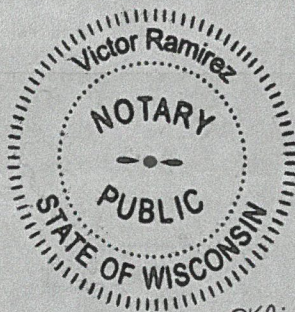
920.766.6300
www.cityofkaukauna.com

Reference	Name: Kimberly Nelson
	Address: 500 School Rd, Cottage Grove, WI 53527
	Telephone Number: (608) 516 - 4546
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Greenfield WI, Wauwatosa WI, Town of Lake Mills WI	


Signature of Applicant

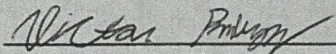
STATE OF WISCONSIN OUTAGAMIE COUNTY

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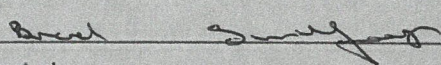
Subscribed and sworn to before me this

17th day of May, 2024.


City Clerk or Notary Public

exp: 07/28/2026

FOR OFFICE USE ONLY

Police Department Recommendation	Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>	
Signature: 	
Explain, if denied:	
City Council Action:	Date granted/denied:
License No.	



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00

Sellers Permit No. 24-8Receipt No. CC 8464816Date Paid 5/17/24

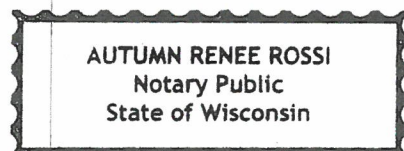
Name of Applicant: <u>Vincent Ingrilli</u>	
Address: <u>2720 Arbor Dr.</u>	
City, State, Zip: <u>Brookfield, WI, 53005</u>	County of Residence: <u>Waukesha</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>9401 W AVER AVE. MILWAUKEE, WI, 53222</u>	
Date of Birth (Month/Day/Year): <u>03/06/2003</u>	Place of Birth: <u>Milwaukee</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>608-716-8127</u>
Driver's License Number: <u>1526-8760-3086-00</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Residential Solar Panels, door to door sales</u>	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Residential areas of Kaukauna</u>	
Home Company Name: <u>Everlight Solar</u>	
Address: <u>1155 Clarity Street #203 Verona, WI 53593</u>	
Officer or Director of Company: <u>Wade Shepherd</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <i>N/A Kimberly Nelson</i>
	Address: <i>N/A 500 School Rd. Cottage Grove WI 53527</i>
	Telephone Number: <i>N/A (608) 516-4546</i>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. <i>Greenfield WI, Wauwatosa WI, Town of Lake Mills WI</i>	

Vincent Crayin
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

13th day of May, 20 24

Autumn Rossi
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u><i>Brenda Sawyer</i></u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00
Sellers Permit No. 24-9

Receipt No. CC 8464816
Date Paid 5/17/24

Name of Applicant: <u>Alex Listrom Alexander Listrom</u>	
Address: <u>218 Ohio St.</u>	
City, State, Zip: <u>Racine, WI, 53405</u>	County of Residence: <u>Racine</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>NA</u>	
Date of Birth (Month/Day/Year): <u>04/14/2000</u>	Place of Birth: <u>Racine, WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>608-716-8127</u>
Driver's License Number: <u>L236-0180-0134-01</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Residential Solar Panels, door to door sales</u>	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Residential areas of Kaukauna</u>	
Home Company Name: <u>Everlight Solar</u>	
Address: <u>1155 Clarity Street #203 Verona, WI 53593</u>	
Officer or Director of Company: <u>Wade Shepherd</u>	Principal Place of Business (State): <u>WI</u>

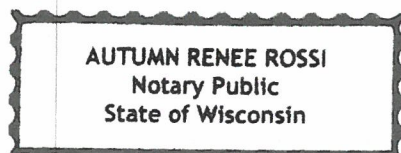
Reference	Name: N/A Kimberly Nelson
	Address: N/A 500 School Rd. Cottage Grove, WI, 53527
	Telephone Number: N/A (608) 516-4546
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Greenfield WI, Wauwatosa WI, Town of Lake Mills WI	

Alex Sest

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

14th day of May, 2024

[Signature]
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <i>Bruce Sawyer</i>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00

Sellers Permit No. 24-10Receipt No. CC8464816Date Paid 5/17/24

Name of Applicant: <u>Brandon Sexton</u>	
Address: 8000 1141 Rainbow Ct. <u>1141 Rainbow Ct.</u>	
City, State, Zip: <u>MUKWONAGO, WI, 53149</u>	County of Residence: <u>WAUKESHA</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>NA</u>	
Date of Birth (Month/Day/Year): <u>5/13/2005</u>	Place of Birth: <u>MUKWONAGO, WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>608-716-8127</u>
Driver's License Number: <u>S235-0790-5173-07</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Residential Solar Panels, door to door sales</u>	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Residential areas of Kaukauna</u>	
Home Company Name: <u>Everlight Solar</u>	
Address: <u>1155 Clarity Street #203 Verona, WI 53593</u>	
Officer or Director of Company: <u>Wade Shepherd</u>	Principal Place of Business (State): <u>WI</u>

CITY OF KAUKAUNA

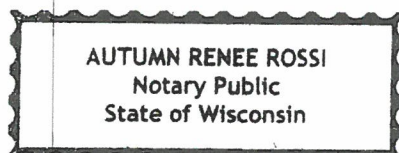
144 W 2nd Street
Kaukauna, WI 54130920.766.6300
www.cityofkaukauna.com

Reference	Name: N/A Kimberly Nelson
	Address: N/A 500 School Rd. Cottage Grove, WI, 53527
	Telephone Number: N/A (608) 546-4546
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Greenfield WI, Wauwatosa WI, Town of Lake Mills WI	

Blair Scott
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

13th day of May, 2024.

Autumn Rossi
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u>Blair Scott</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00
Sellers Permit No. 24-11

Receipt No. CC8464816
Date Paid 5/17/24


Name of Applicant: <u>Wade Shepherd</u>	
Address: <u>12606 Cooper St.</u>	
City, State, Zip: <u>Papillion, NE, 68046</u>	County of Residence: <u>Sarpy</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>1139 Cathedral Point Dr. Verona, WI, 53593</u> <u>205 Skylark Dr. Fredericksburg, TX, 78624</u>	
Date of Birth (Month/Day/Year): <u>10/14/1995</u>	Place of Birth: <u>Annapolis, MD</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>608-716-8127</u>
Driver's License Number: <u>H14232830</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Residential Solar Panels, door to door sales</u>	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Residential areas of Kaukauna</u>	
Home Company Name: <u>Everlight Solar</u>	
Address: <u>1155 Clarity Street #203 Verona, WI 53593</u>	
Officer or Director of Company: <u>Wade Shepherd</u>	Principal Place of Business (State): <u>WI</u>

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

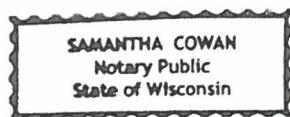
920.766.6300
www.cityofkaukauna.com

Reference	Name: N/A Kimberly Nelson
	Address: N/A 500 School Rd. Cottage Grove, WI, 53527
	Telephone Number: N/A (608) 516-4546
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Greenfield WI, Wauwatosa WI, Town of Lake Mills WI	


 Signature of Applicant

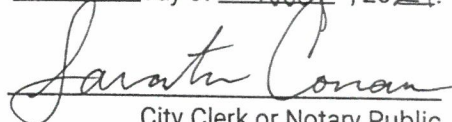
STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.

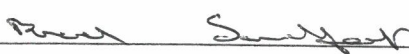


Subscribed and sworn to before me this

14th day of May, 2024.


 City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: 		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00

Sellers Permit No. 24-12Receipt No. CC8464816Date Paid 5/17/24

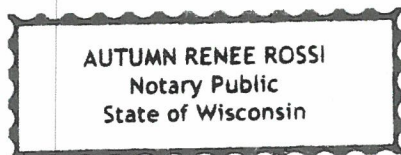
Name of Applicant: <u>Ethan Smith</u>	
Address: <u>3009 Bate St.</u>	
City, State, Zip: <u>Racine, WI, 53403</u>	County of Residence: <u>Racine</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>8351 90th Ave. Apt 255, Pleasant Prairie, 53158</u> <u>3461 St. Clair St. Racine, WI, 53402</u>	
Date of Birth (Month/Day/Year): <u>9/15/1999</u>	Place of Birth: <u>Racine, WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>608-716-8127</u>
Driver's License Number: <u>S530-2169-9335-05</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Residential Solar Panels, door to door sales</u>	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Residential areas of Kaukauna</u>	
Home Company Name: <u>Everlight Solar</u>	
Address: <u>1155 Clarity Street #203 Verona, WI 53593</u>	
Officer or Director of Company: <u>Wade Shepherd</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: N/A Kimberly Nelson
	Address: N/A 500 School Rd. Cottage Grove, WI, 53527
	Telephone Number: N/A (608) 516-4546
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Greenfield WI, Wauwatosa WI, Town of Lake Mills WI	

Kimberly Nelson
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

14th day of May, 2024
Autumn Renee Rossi
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u><i>Paul S. [unclear]</i></u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.